

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | | |
|--------------|-----------|-------------|
| SERIAL NO. | 10/589589 | FILING DATE |
| APPLICANT(S) | | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 1 | | | | | |
| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
| 9 | 1 | | | | | |
| 10 | 1 | | | | | |
| 11 | 1 | | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
| 15 | 1 | | | | | |
| 16 | 1 | | | | | |
| 17 | 1 | | | | | |
| 18 | 1 | | | | | |
| 19 | 1 | | | | | |
| 20 | 1 | | | | | |
| 21 | 1 | | | | | |
| 22 | 1 | | | | | |
| 23 | 1 | | | | | |
| 24 | 1 | | | | | |
| 25 | 1 | | | | | |
| 26 | 1 | | | | | |
| 27 | 1 | | | | | |
| 28 | 1 | | | | | |
| 29 | 1 | | | | | |
| 30 | 1 | | | | | |
| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
| 35 | 1 | | | | | |
| 36 | 1 | | | | | |
| 37 | 1 | | | | | |
| 38 | 1 | | | | | |
| 39 | 1 | | | | | |
| 40 | 1 | | | | | |
| 41 | 1 | | | | | |
| 42 | 1 | | | | | |
| 43 | 1 | | | | | |
| 44 | 1 | | | | | |
| 45 | 1 | | | | | |
| 46 | 1 | | | | | |
| 47 | 1 | | | | | |
| 48 | 1 | | | | | |
| 49 | 1 | | | | | |
| 50 | 1 | | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | ← | | ← | | ← | |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | 1 | | | | | |
| 52 | 1 | | | | | |
| 53 | 1 | | | | | |
| 54 | 1 | | | | | |
| 55 | 1 | | | | | |
| 56 | 1 | | | | | |
| 57 | 1 | | | | | |
| 58 | 1 | | | | | |
| 59 | 1 | | | | | |
| 60 | 1 | | | | | |
| 61 | 1 | | | | | |
| 62 | 1 | | | | | |
| 63 | 1 | | | | | |
| 64 | 1 | | | | | |
| 65 | 1 | | | | | |
| 66 | 1 | | | | | |
| 67 | 1 | | | | | |
| 68 | 1 | | | | | |
| 69 | 1 | | | | | |
| 70 | 1 | | | | | |
| 71 | 1 | | | | | |
| 72 | 1 | | | | | |
| 73 | 1 | | | | | |
| 74 | 1 | | | | | |
| 75 | 1 | | | | | |
| 76 | 1 | | | | | |
| 77 | 1 | | | | | |
| 78 | 1 | | | | | |
| 79 | 1 | | | | | |
| 80 | 1 | | | | | |
| 81 | 1 | | | | | |
| 82 | 1 | | | | | |
| 83 | 1 | | | | | |
| 84 | 1 | | | | | |
| 85 | 1 | | | | | |
| 86 | | | | | | |
| 87 | | | | | | |
| 88 | | | | | | |
| 89 | | | | | | |
| 90 | | | | | | |
| 91 | | | | | | |
| 92 | | | | | | |
| 93 | | | | | | |
| 94 | | | | | | |
| 95 | | | | | | |
| 96 | | | | | | |
| 97 | | | | | | |
| 98 | | | | | | |
| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 2 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 83 | ← | | ← | | ← |
| TOTAL CLAIMS | 85 | | | | | |